

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ALTA2		06-11-01
O.I.P.E. CLASSIFIER		48	6/19/01
FORMALITY REVIEW	PN	949	8/7/01
RESPONSE FORMALITY REVIEW	m	905	1/17/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Not Available
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	12/12
1	02 02 02 03
2	✓
3	✓
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11	0 ✓
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17	✓
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19	✓ ✓ ✓
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24	✓ ✓ ✓
25	N N N
26	✓ ✓ ✓
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28	✓ ✓
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Claim	Date
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If more than 150 claims or 10 actions
 stapl additional sheet her

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29 8/02
 556
 01-17-02